Washington State System Transformation Initiative

SHB 2654 Work Group
Session 2

TRIWEST GROUP

SHB 2654 Work Team

August 6, 2008

Summary of Major Decisions Identified by Work Team

Major Decisions Identified by Work Team

Six major decisions undergird today's discussion:

- Consumer and family run organizations (C/FROs) must truly be **consumer and family controlled and operated**
- C/FROs should **deliver a broad array of services statewide** driven by the priorities / needs of local consumers and families
- C/FROs should be supported by **multiple and diverse funding sources** that fit with their local mission
- C/FROs are at **multiple levels of development**
- C/FROs require **levels of sanctioning** to support development
- C/FROs require **consumer and family driven technical assistance** from both statewide and locally controlled sources

Section 1.a: Consumer and Family Run Organizations and Services

Mary Jadwisiak, Tamara Johnson, Andy Keller

Recommended Consumer and Family Run Services

- At April Work Group meeting we decided to keep the emphasis on recommended services broad
- It will be important to include in the report a discussion of the history and the current and emerging evidence-base for consumer and family run services:
  - ✓ Laura Van Tosh has completed initial review
  - ✓ Draft COSP EBP KIT includes comprehensive review
  - ✓ Have key studies involving youth and families, but need to pull in family members to help round out family component
  - ✓ Gap: Studies involving older adults?
- Mary Jadwisiak, Dawn Grosz, and Tamara Johnson completed list based on past input from consumers and families
  - ✓ Recommended plan: Review and refine this list and include in the September report

Background for Consumer and Family Run Services

Big picture:

- Emphasis of SHB 2654 is on the **organization** that delivers the service, not the **specific services** that get delivered

- **Critical factor from Work Team**: Degree to which services provided reflect the priorities and needs of local consumers and families

Background Definitions for Consumer and Family Run Services

SAMHSA Consumer-Operated Service Program (COSP) definition:

- A consumer-operated services program (COSP) is a peer-run service program that is **owned**, **administratively controlled**, and **operated** by mental health consumers and **emphasizes self-help as its operational approach**.
- Five key elements:
  - ✓ **Independent:** controlled and operated by MH consumers
  - ✓ **Autonomous:** decisions about governance, fiscal, personnel, policy, operation are made by the COSP
  - ✓ **Accountable:** responsibility for decisions rests with COSP
  - ✓ **Consumer controlled:** at least 51% of governance board
  - ✓ **Peer workers:** staff and management have received MH services

Source: SAMHSA (November, 2007). Consumer Operated Services (COSP) Evidence-Based Practices KIT – Field Review Draft. Rockville, MD: Department of Health and Human Services.

Proposed Decision #1: Control and Operation

Analogues in Systems of Care for Family and Youth Involvement:

- Policy:
  - ✓ At least 51% vote on governing bodies
  - ✓ Oversight of purchasing and contracts
- Management:
  - ✓ Part of quality improvement process
  - ✓ Evaluators of performance
  - ✓ Trainers
- Services:
  - ✓ Family support workers, care managers, peer mentors, system navigators
  - ✓ Emphasis on **behavior** rather than **diagnosis**

Source: Pires, S. A. (Spring, 2002). Building Systems of Care: A Primer. National Technical Assistance Center for Children's Mental Health, Center for Children and Mental Health Policy, Georgetown University Child Development Center: Washington, DC. Pp: 74.

Background Definitions for Consumer and Family Run Services

Relevant SAMHSA Definitions:

- **Consumer:** An individual, 18 years of age or older, who has received mental health services. CMHS recognizes that some consumers may choose to identify themselves with other terminology. (Source: SM-07-002, Appendix C – Glossary)
- **Mental Health Consumers, Consumers/Survivors, Psychiatrically Labeled, Ex-patients, Clients, Peers:** All these terms refer to individuals who have experienced or been diagnosed with a psychiatric disorder. Most have received treatment by public or private providers. There is no consensus on which term is preferred. Consumers, Consumer/Survivors, and Peers are most frequently used in this material. (Source: Draft COSP EBP KIT – Section 4, page 1)

Background for Consumer and Family Run Services

Definition must be inclusive of:

- Youth
- Adults
- Older Adults

Background Definitions for Consumer and Family Run Services

- **Consumer-controlled:** Refers to an organization that is controlled and managed by mental health consumers and is dedicated to transformation of the mental healthcare system to be consumer and family driven. A consumer-controlled organization must have a board of directors comprised of more than 50% consumers. (Source: SM-07-002, Appendix C – Glossary)
- **Family-controlled:** A family-controlled organization is an organization that has a board of directors made up of more than 50% family members, who have primary daily responsibility for the raising of a child, youth, adolescent or young adult with a serious emotional disturbance up to age 18, or 21 if the adolescent is being served by an Individual Educational Plan (IEP), or up to age 26 if the young adult is being served by an Individual Service Plan in transition to the adult mental health system. (Source: SM-07-001, page 7)

Background Definitions for Consumer and Family Run Services

Consistent with definitions in Washington State:

- **"Consumer"** means a person who has applied for, is eligible for or who has received mental health services. For a child, under the age of thirteen, or for a child age thirteen or older whose parents or legal guardians are involved in the treatment plan, the definition of consumer includes parents or legal guardians. (WAC 388-865-0150)
- **"Family"** means those the consumer defines as family or those appointed/assigned (e.g. parents, foster parents, guardians, siblings, caregivers, and significant others). (RSN Contract)

Recommended Definitions for the Report

Recommendations for consideration today:

- Model definitions of **consumer run** and **family run** on draft COSP EBP KIT, System of Care Work, and the SAMHSA definitions for **consumer-controlled** and **family-controlled**
- Include clear definitions of the following terms:
  - ✓ Consumer: Center it on the first sentence of the current WAC definition (do we add term "primary"?)
  - ✓ Family: Center it on second sentence of the WAC – parents and caregivers of children
  - ✓ Other Family: Center it on remaining people from RSN definition – family members of adults

Discussion: Other Issues Related to the Definitions

- Definitions need to be broad enough to encompass prevention
- Should age of consumers be 13 years (age of consent)?
- Focus of service may be broader than just "self-help" or "system transformation" – "recovery" may be a better term
- Relevant consumer experience (e.g., is marital counseling enough?) – Possible guideline: While definition of consumer is broad, experience of involved consumers should fit the population served (Source: Draft COSP EBP KIT)
- There is currently a focus on current status for parents / guardians and any status for consumers – can we include both for "family-controlled"?
- Role of "temporary fiscal sponsorship" (Source: Draft COSP EBP KIT)

Section 1.b: Medicaid State Plan and Waiver

Andy Keller

Background on Medicaid State Plan and Waiver

- Medicaid covers medical services only
- Two key documents define Washington's Medicaid Benefit
  - ✓ State Plan – Section 13.d Rehabilitative Services and Limitations in Attachment 3.1A – Defines the services and qualifications of who can provide them (can add this to SHB 2654 web site)
  - ✓ 1915 (b) Waiver – Defines how the managed care system works: Access to Care, Provider Network (http://www1.dshs.wa.gov/Mentalhealth/waivers.shtml)
  - ✓ Andy can provide a "Medicaid 101" briefing, if wanted

Background on Medicaid State Plan and Waiver

- Based on 2007 review and comparison to other states: Washington's current State Plan is Pretty flexible compared to other states and able to promote wide range of practices
- Services Covered in State Plan and Waiver (b-3)
  - ✓ Peer Support (includes range of services by certified peer specialists including drop-in centers, WRAP)
  - ✓ Family psycho-education
  - ✓ Wraparound
- 1915(b) Waiver defines additional b-3 services: Respite, Supported Employment, Clubhouse

Background on Medicaid State Plan and Waiver

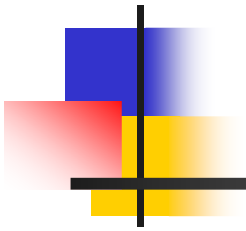
- Current federal climate
  - ✓ Enhanced reporting for State Plan and B-3 services
  - ✓ Enhanced quality standards for managed care plans (42 CFR 438)
  - ✓ Current scrutiny of Rehabilitative Services (under moratorium, but operational), DRA of 2005
- Bottom Line: Do not propose any changes to CMS regarding the structure of the State Plan for Rehabilitative Services.

Background on Medicaid State Plan and Waiver

- 1915(b) Waiver defines provider network
  - ✓ Primary emphasis is on Community Mental Health Agencies (CMHAs): "The PIHP contracts with licensed CMHAs for the provision of mental health services. The MHD is the licensor of CMHAs . . ."
  - ✓ The most recent waiver adds in formal recognition of Clubhouse Certification: "Clubhouses must be certified by the MHD beginning in 2008. "
- Waivers allow delivery of services that meet State Plan requirements for defined activities and qualifications by wider array of providers

Next Steps: Medicaid State Plan and Waiver

- Decide if any changes to State Plan are recommended (Andy strongly advises against this)
- Decide if any changes to waiver are recommended
  - To recognize C/FROs, formal recognition of something like Community Service Agency standards could be added
  - Whether or not we recommend this depends on what else we decide today



Section 1.c: Funding and Resources

Brad Berry and Andy Keller

Need to Think in Terms of Multiple Levels of Development

Work Team identified the need to support C/FROs at multiple levels of development:

- Mixed history of success and set-backs nationally and in Washington State
- There is a need for a conceptual model of development:
  - ✓ COSP EBP KIT focuses primarily on established organizations
  - ✓ Experience of SAMHSA efforts highlights importance of pre-implementation leadership development and planning (Source: P. del Vecchio)

Developmental Framework

- Pre-implementation stage (Source: Paolo del Vecchio)
  - ✓ Discovery stage
  - ✓ Planning stage
- Early implementation stage
  - ✓ Leadership development
  - ✓ Organization start-up
  - ✓ Program start-up
- Implementation stage (Source: Draft COSP EBP KIT)
  - ✓ Establishment
  - ✓ Business development
  - ✓ Enhancement
- Certification stage
  - ✓ Precertification preparation
  - ✓ Provisional Certification
  - ✓ Full Certification

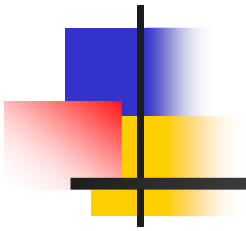
Multiple and Diverse Funding Sources are Needed

C/FROs need multiple and diverse funding sources for their organizational health and to support their local missions:

- Medicaid Funding
- State Funding Through RSNs and Direct State Contracts
- Block Grant Funds through RSNs and MHD
- Mental Health Transformation Grant
- Funding from Other State Agencies (DVR, DASA, DD, other)
- Funding from Other Federal Agencies (Veterans Admin., SAMHSA)
- Funding from State and National Foundations
- Funding from Local Charitable Sources (United Way, Community Foundations, Faith-based Organizations)
- Other Funding Sources (1/10 of 1% Tax, Profit Making Initiatives, Membership Fees, Fund Raising)

Key Principles Related to Funding

- Funding source must fit the service and support to be delivered.
- Some funding sources require more capacity than others, but all require a core of sound fiscal management and accountability.
- **Potential Recommendation**: C/FROs should be supported by **multiple and diverse funding sources** that fit with their local mission.



Section 1.d: Sanctioning and Certification Standards

Brad Berry, Bill Waters, Andy Keller

Multiple Levels of Sanctioning

- April Work Group identified need for "continuum of sanctioning options"
- Definition of "sanction": Official permission, approval, authorization
- Developmental framework implies five levels of sanctioning:
  - ✓ Independence
  - ✓ Registration
  - ✓ Provisional Certification as C/FRO
  - ✓ Full Certification as C/FRO
  - ✓ Certification as a Community Service Agency (CSA) for Medicaid

Potential Sources for C/FRO Standards

- Multiple models to inform Certification Standards:
  - ✓ Framework of MHD Clubhouse Standards
  - ✓ Fidelity standards of FACIT
  - ✓ Medicaid requirements (e.g., Arizona's CSA)
- We will review each and decide if they can serve as basis for C/FRO Certification Standards, with modifications (maybe big)

Key Components of Clubhouse Standards

- WSR 08-14-080 defines the standards:
  - ✓ Specifies required clubhouse components (WAC 388-865-0710)
  - ✓ Specifies management and operational requirements (WAC 388-865-0715)
  - ✓ Specifies certification process (WAC 388-0865-0720)
- Could serve as model for C/FRO Certification if C/FRO components specified instead of clubhouse components

Management and Operational Requirements

Management and Operational Requirements:

(Source: Self Evaluation and Certification Survey Tool)

1. Staff responsible for managin and operating the clubhouse
2. Access to local transportation or alternatives
3. Distinct entity – name, address, phone
4. Separate entrance when co-located

Management and Operational Requirements

5. Independent board of directors, capable of fulfilling responsibilities of a not-for-profit board, when free-standing OR
6. Administrative structure with sufficient authority to protect the autonomy and integrity of the clubhouse, when under auspice of another agency
7. Services are timely, appropriate, accessible, and sensitive to all members
8. Non-discrimination

Management and Operational Requirements

9. Written proof of current fire / safety inspection
10. All applicable state, county, city licenses
11. General liability, board and Officers liability, and vehicle insurance
12. Identifiable clubhouse budget that includes:
    - Tracking all income and expenditures by revenue source
    - Quarterly reconciliation of accounts
    - Compliance with GAAP

Management and Operational Requirements

13. Track member participation, daily attendance
14. Assist members in developing, documenting, and maintaining recovery goals and monthly documentation of progress toward reaching them
15. Mechanism to identify and implement needed changes in operations, performance, and administration, and to document involvement of members in all aspects of operation

Management and Operational Requirements

16. Evaluation of staff performance by:
    - Ensuring paid employees are qualified, with relevant education, experience and/or skills
    - Documenting state patrol background check, regular supervision, annual performance evaluation

Required C/FRO Components: The FACIT

- FACIT: Fidelity Assessment / Common Ingredient Tool
- Initially developed for the COSP Multi-site Research Initiative
- Need to recognize that the term "fidelity" can be viewed negatively
- While developed for consumers, many principles seem applicable to families
- Focus today is on the components of the FACIT to see if they can be a useful guiding background document
- Analogous to ICCD standards for Clubhouses – not all were used in State certification standards

Required C/FRO Components from the FACIT

1. Structure
    1.1. Consumer Operated
        1.1.1. Board Participation by consumers (%)
        1.1.2. Consumer staff (%)
        1.1.3. Hiring decisions (consumer responsibility)
        1.1.4. Budget control (consumer responsibility)
        1.1.5. Volunteer opportunities for consumers

Required C/FRO Components from the FACIT

1.2. Participant Responsive
  1.2.1. Planning input
  1.2.2. Dissatisfaction / grievance response
1.3. Linkage to Other Supports
  1.3.1. Linkage to traditional MH services
  1.3.2. Linkage with other COSPs
  1.3.3. Linkage with other service agencies

Required C/FRO Components from the FACIT

2. Environment
    - 2.1. Accessibility
        - 2.1.1. Local proximity
        - 2.1.2. Access (speed and convenience based on proximity, multiple means / routes of access)
        - 2.1.3. Hours
        - 2.1.4. Cost
        - 2.1.5. Accessibility (physical, sensory disabilities)
    - 2.2. Safety
        - 2.2.1. Lack of coerciveness
        - 2.2.2. Program rules that promote safety

Required C/FRO Components from the FACIT

2.3. Informal setting

- 2.3.1. Physical environment is adequate
- 2.3.2. Social environment: openness, directness, sincerity; no staff/member inequality
- 2.3.3. Sense of community

2.4.1 Timeframe – no defined time limits

Required C/FRO Components from the FACIT

3. Belief Systems
   - 3.1. Peer principle
   - 3.2. Helper's principle
   - 3.3. Empowerment
     - 3.3.1. Personal empowerment
     - 3.3.2. Personal accountability
     - 3.3.3. Group empowerment
   - 3.4. Choice
   - 3.5. Recovery
   - 3.6. Acceptance and Respect for Diversity
   - 3.7. Spiritual growth

Required C/FRO Components from the FACIT

4. Peer Support
    - 4.1. Peer Support
        - 4.1.1. Formal peer support
        - 4.1.2. Informal peer support
    - 4.2. Telling our stories
        - 4.2.1. Artistic expression
    - 4.3. Consciousness raising
    - 4.4. Crisis prevention
        - 4.4.1. Formal crisis prevention
        - 4.4.2. Informal crisis prevention
    - 4.5. Peer mentoring and teaching

Required C/FRO Components from the FACIT

5. Education
    - 5.1. Self management / problem solving strategies
        - 5.1.1. Formally structured problem-solving activities
        - 5.1.2. Receiving informal problem-solving support
        - 5.1.3. Providing informal problem-solving support
    - 5.2. Education / skills training and practice
        - 5.2.1. Formal skills practice
        - 5.2.2. Job readiness activities

Required C/FRO Components from the FACIT

6. Advocacy
   - 6.1. Formal self advocacy activities
   - 6.2. Peer advocacy
     - 6.2.1. Outreach to participants

Additional Requirements for Medicaid Reimbursement

- Arizona has developed Community Service Agency certification
- Focus is on both **agency** certification (similar to WA's Clubhouse certification) and **staff qualifications for each Medicaid service provided**
- Washington would need to ensure that staff in a C/FRO with Medicaid Certification met the qualifications in the State Plan for each Medicaid service provided

Additional Requirements for Medicaid Reimbursement

- Peer Support requirements in Washington's State Plan:
  - ✓ Certification as a Peer Counselor
  - ✓ Services must be noted in the consumer's Individualized Service Plan
  - ✓ Monthly progress notes
  - ✓ Daily logs identifying Medicaid eligibility for any services in drop-in center
  - ✓ No more than 4 hours a day per consumer
  - ✓ Ratio must be at least 1 Peer Counselor per 20 Peers
  - ✓ No supervision requirements in State Plan – are there in the WAC?

Additional Requirements for Medicaid Reimbursement

- State Plan / Waiver (b-3) requirements for any other services provided would need to be met:
  - ✓ Therapeutic psychoeducation – requires supervision by MH professional
  - ✓ Wraparound – subcomponent of high intensity treatment
  - ✓ Respite – requires supervision by MH professional
  - ✓ Supported Employment – requires supervision by MH professional and close coordination with DVR
  - ✓ Clubhouse services – requires Clubhouse certification

Next Steps on Sanctioning and Certification

- Decide if the three sources noted today can serve as a background materials
  - ✓ Clubhouse standards for management and operational requirements
  - ✓ FACIT for service requirements
  - ✓ AZ CSA document for Medicaid requirements
- Decide on process to revise and finalize core components of each standards
  - ✓ NOTE: We do not need to actually write the certification standards

Section 1.f: Technical Assistance
Section 1.e: Integration with Other Treatment

Sue Allen, Laura Van Tosh, Andy Keller

Best Practice Sources of Technical Assistance

- National TA Centers sponsored by SAMHSA
  (Source: P. del Vecchio, L. VanTosh, S. Lane)
  - ✓ National Consumer Supporter TA Center (www.ncstac.org) – Particular expertise on non-profit management development
  - ✓ National Empowerment Center (www.power2u.org) – Particular expertise in organizing statewide groups
  - ✓ National MH Consumer Self-Help Clearinghouse (www.mhselfhelp.org) – Can provide range of information on starting peer-run services
  - ✓ STAR Center (www.consumerstar.org) – Focus on cultural adaptation of peer support
  - ✓ DBSA Peers Helping Peers Center (www.peershelpingpeers.org) – Information and TA available, particularly regarding peer specialists

Best Practice Sources of Technical Assistance

- Strong State-level TA Centers
  (Source: P. del Vecchio, L. VanTosh, S. Lane)
  - ✓ Involved Consumer Action Network of PA
  - ✓ Mental Health Empowerment Project (NY) (www.mhepinc.org)
  - ✓ On Our Own of Maryland (www.onourownmd.org)
  - ✓ Collaborative Support Programs of New Jersey (www.cspnj.com)
  - ✓ Georgia MH Consumer Network (www.gmhcn.org)
- Individuals and agencies – Kathy Muscari (CONTAC), META, other TA providers identified by consumers

Best Practice Sources of Technical Assistance

- We have a Statewide Network for Families in Washington through SAFE: WA
- National Technical Assistance Centers for Children and Families
- Other Statewide networks
- This needs to be defined more fully for the report

Non-MH Sources of Technical Assistance

- Non-mental health organizations (Source: B. Berry, F. Jose, S. Allen)
  - ✓ National Center on Nonprofit Enterprise (www.nationalcne.org)
    - National organization; focused on fiscal strategy
  - ✓ Executive Service Corps of Washington (www.escwa.org)
    - Broad range of assistance at leadership level; trainings for board members and staff; high quality
  - ✓ The Nonprofit Center of South Puget Sound (www.npcenter.org)
    - Offer a "financial camp"; well regarded
  - ✓ Technical Assistance for Community Services (www.tacs.org)
    - Offer wide variety of TA; provide training on non-profit capacity development; mixed experiences

Washington Based Sources of Technical Assistance

- Mental Health Transformation Grant
  - ✓ TA provided through WIMHRT
  - ✓ Mini-grants
- Regional Support Networks
  - ✓ Multiple efforts, but hard to find line between too little support and too much control
  - ✓ Clear need and desire for technical assistance on part of RSNs and some CMHAs
  - ✓ TA versus Requirements – what is the best strategy for this stage of the system's development
- What is the role for consumers and families to identify TA needs – both at local level and centrally through future TA center(s)

Discussion: Role of the Consumer

- At the end of the day, the most important people in this process are local consumers
- All the TA in the world will not matter if local consumers are not able / interested / empowered to develop the local program
- Consumer leaders have different mixes of skills: advocacy, helping others, grassroots organizing
- Challenge – how to support and empower local consumers to organize without disempowering them

Role of the Mental Health Division

Role of the Mental Health Division needs to be broad

(Source: Draft COSP EBP KIT)

- Support independent consumer involvement at all levels with a focus on **voice** and **leader identification**
- Strong linkage between State-level consumer affairs and grass roots, developing collaborative relationships with consumers at all levels – MHD, RSN, CMHAs, C/FROs, advocates, and people receiving services
- Build a strong policy foundation – co-creation is key, and policy must address accommodation explicitly during oversight
- Support development of high-fidelity C/FROs at organizational level
- Anticipate and address concerns of all stakeholders in partnership
- Ensure funding for C/FROs – set asides versus competition
- Develop the oversight structure

Overview of Key Issues Related to Technical Assistance

- Technical assistance (TA) is needed in an array of areas: (Source: L. Van Tosh, P. del Vecchio, Work Team)
  - ✓ Organizational development
  - ✓ Fiscal management and accountability
  - ✓ Provision of services and supports (including Medicaid regulations)
  - ✓ TA for RSNs and CMHAs to integrate service delivery – C/FROs cannot make them do this
  - ✓ TA must be ongoing and developmentally focused

Overview of Key Issues Related to Technical Assistance

- Several issues regarding the delivery of TA:

(Source: Work Team)

- ✓ Principle of consumer and family driven TA / grassroots focus
- ✓ Need for statewide resources, allocated fairly
- ✓ Need to tailor TA to (1) consumer run organizations, (2) family run organizations, (3) diverse age groups, (4) diverse communities in Eastern and Western WA
- ✓ Need for both centralized provider / broker and managed pool of flexible resources with local control

Decision Points Related to Providing Technical Assistance

- System-level guidance versus local control
- Desire for a centralized TA provider:
  - ✓ One for consumers, one for parents/caregivers
  - ✓ Importance of being consumer/family run
  - ✓ Multiple versions of each (choice, east/west side)?
  - ✓ Procurement issues – focus on process vs. vendor
  - ✓ How much to spend?
- Additional funds for locally chosen TA (need to be fairly distributed):
  - ✓ Existing funds through RSN (block grant, state funding) can be used flexibly already to support training and TA
  - ✓ Establishment of dedicated pool of funding for TA administered by centralized TA provider(s)
  - ✓ How much to spend?